Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name WAFFLE HOUSE#2122						Telephone Number 812 944 8499	Date of Inspection	ID#	
Address 3018 ST. JOSEPH RD, NEW ALBANY IN 47150						770-729-5742	09/10/2021		
Owner ATTN: TAX DEPT						Purpose X Routine	Follow Up	Released 09/20/2021	
Owner's Address P.O. BOX 6450 NORCROSS, GA 30071-						Follow-up			
Person in Charge APRIL SUMMERS						ComplaintPre-Operational			
Responsible Person's Email PORCHIATOBIAS@WAFFLEHOUSE.COM						Temporary HACCP	Menu Type 1 2 3 _X	4 5	
Certified Food Handler PORCHIA TOBIAS-HOHL						Other (list)	1 _ 2 _ 3 _	-	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"									
Section #	C N	C R	Narrative To Be Corrected						
129	X Observed employee coming through back door and going straight to plating RETRAIN STAFF food without washing hands.								
294									
344 245	X Observed back handwashing sink blocked by flat o						CORRECTED TODAY		
Summary of Vi	olations	C	NC	<u>1</u> R <u>0</u>					
Received by (name and title printed): APRIL SUMMERS						Inspected by (name and title printed): Christa Manus EHS			
Received by (signature):						Inspected by (signature):			
cc:				cc:	 -		cc:		